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HOSPITAL CASES OF PHTHISIS:

MARKED IMPROVEMENT UNDER GENERAL TREATMENT,
WITH SPECIAL REFERENCE TO ALIMENTATION.

BY

FREDERICK C. SHATTUCK, M.D.,

OF BOSTON;

VISITING PHYSICIAN TO THE MASSACHUSETTS GENERAL HOSPITAL, THE HOUSE OF THE GOOD
SAMARITAN, ETC.

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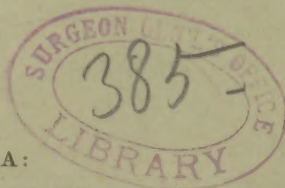
TRANSACTIONS OF THE AMERICAN CLIMATOLOGICAL ASSOCIATION,

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Two years ago I read before this Association a paper on "The Home Treatment of Phthisis," trying to set forth briefly the main principles which should, in my opinion, guide us in the endeavor to cope with this disease. Change of climate was, of course, not discussed in that paper; but such change is in most cases auxiliary to, rather than exclusive of, other treatment. It is my purpose now to supplement my former paper by a few remarks on the general management of phthisis, with special reference to feeding, and to report a short series of hospital cases illustrative of the results which may be gained under conditions partly favorable, partly unfavorable.

These conditions require a little explanation:

For a number of years I have had a six months service every year, with a daily visit, in an institution for chronic cases, containing eighteen beds for adults—the House of the Good Samaritan. About half of the cases are of phthisis, but few of them in the early stages. Many of the patients come to us from homes where they have either unsuitable or insufficient food, poor air, and excessive work or anxiety. In all these respects they are much better off with us, the House having sources of income which permit the use of milk, eggs, and the like, in whatever quantities are considered desirable by the physicians. On the other hand, there are depressing influences in the association of considerable numbers of chronic cases, under the constraint of certain rules, which must, of course, be made and observed. Moreover, there being no garden connected with the institution, it is difficult to secure exercise for those patients whose powers in this direction are very limited. Another difficulty inherent in the treatment of chronic diseases in hos-

pitals, is the lack of occupation and mental stimulus to recovery. It is too easy for patients to dwell upon their troubles and symptoms, and those in charge have to exercise constant watchfulness against exciting jealousies by a real or fancied show of partiality. In short, life in an institution for chronic disease is in many respects an unnatural one, and labors under the disadvantages therein involved. Home life with a less degree of physical comfort is, therefore, often preferable to a prolonged stay in a hospital. Indeed, how often does convalescence from acute disease cease to progress beyond a certain point in hospitals and immediately make rapid and renewed strides on the removal of the patient to other and more stimulating surroundings. I have ventured to dwell somewhat on this aspect of the treatment of chronic disease, because I think that while we, as physicians, realize it perfectly, we sometimes forget it, especially with reference to our hospital patients suffering from a malady which is so common and usually so devoid of diagnostic interest as phthisis.

Of late years I have used the scales more or less systematically with my patients, beginning the practice for my own information and satisfaction, but finding that it has a decided therapeutic value. Especially in hospital cases the knowledge that there is a gain in weight, however small, is stimulating, aids nutrition, and begets further gain. It is my habit to have the weights taken and recorded once a week, provided that the patients are not progressively losing, in which event, on some pretext or other, they are put off. Just as a gain is encouraging, so is a loss discouraging. Those who gain look forward from one weighing day to another, are more likely to take nourishment, and digest it better when taken.

For many years a specific treatment for phthisis has been sought. Since the doctrine of the infectious nature of the disease was first announced, and especially since Koch's discovery of the bacillus tuberculosis, efforts in this direction have been redoubled. If the disease is parasitic, it is rational to think that the destruction of the cause may be followed by the removal of the effects. Most parasitic affections of the skin yield promptly to suitable treatment, even if they are of long standing, and the secondary effects often pass away entirely with time. We now believe lupus vulgaris to be tuberculosis of the skin, and we know that the favorable effects of caustics in this disease is due to their parasiticide action. The anatomical structure and physiological uses of the lungs are, however, such that the problem of the destruction of the bacillus without seriously impairing the lung tissue or interfering with its necessary and continuous function, is a most difficult one. Nor

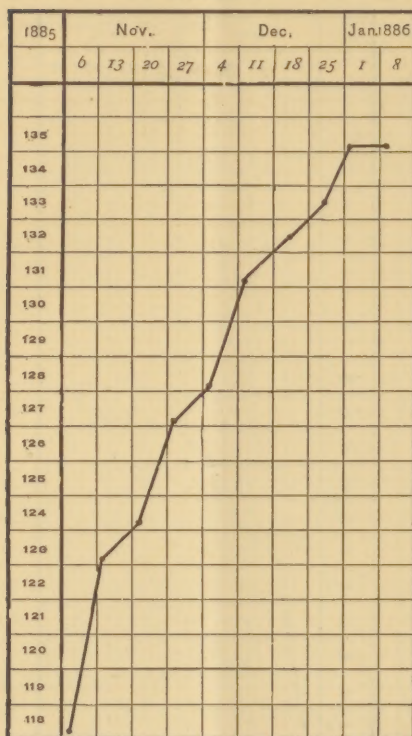
is this all; there probably are few, if any, individuals inhabiting centres of population to whose lungs the bacilli do not at one time or another, if not repeatedly, gain access. The fact that only a fraction of those who are exposed become tuberculous, forces us to suppose that there is such a thing as a predisposition to tuberculous disease; that certain soils are favorable, certain others unfavorable, to the growth of the bacilli. We know that this is the case with plants; but it is one thing to distinguish earths, and another to distinguish lungs and living tissues in different individuals.

Whatever the future may have in store for us, it is certain that we have not yet discovered any remedial agents, the introduction of which into the system in the form of vapor or spray through the air-passages, in the form of gas through the rectum, injected into the lung through the chest wall, or swallowed into the stomach, can be said to exert any marked specific action on the tubercular process. These observations are all true enough, but are still worthy of constant repetition; lest, under the conviction that tuberculosis is a specific disease, and enthusiastic in the pursuit of a specific remedy, we forget for a moment that the treatment indicated by present knowledge is a general one, directed toward improving nutrition in every possible way. I would not be understood as trying to discourage the search after a specific treatment; some of the methods which have been introduced with this end in view are probably useful as adjuvants if useless alone.

The treatment in this brief series of cases which is appended below, was merely symptomatic and general, except that Case VII. had rectal enemata of gas for a time, during which she lost weight and had discomforts apparently due to this special treatment, which was consequently omitted. Excessive cough and night-sweats were checked if present; the digestion received careful attention; the ventilation of the wards is constantly watched, and an open fire is kept burning in each. Bitter tonics, cod-liver oil, malt, and the like were given in accordance with the varying peculiarities of each case from time to time. Those patients who could go out to walk were encouraged to do so, but care was taken that there should be no over-fatigue. No food was introduced into the stomach artificially; but as much was given as the patient could take in the natural way, and it was given six or seven times a day. Anywhere from two to ten raw eggs, generally beaten up in milk, were given daily to each patient.

CASE I.—Mrs. R., æt. thirty-two years, married, of good family history, was admitted September 18, 1885. Three years previously she had a profuse hemorrhage and since then cough with expectoration and other pulmonary

CASE II.

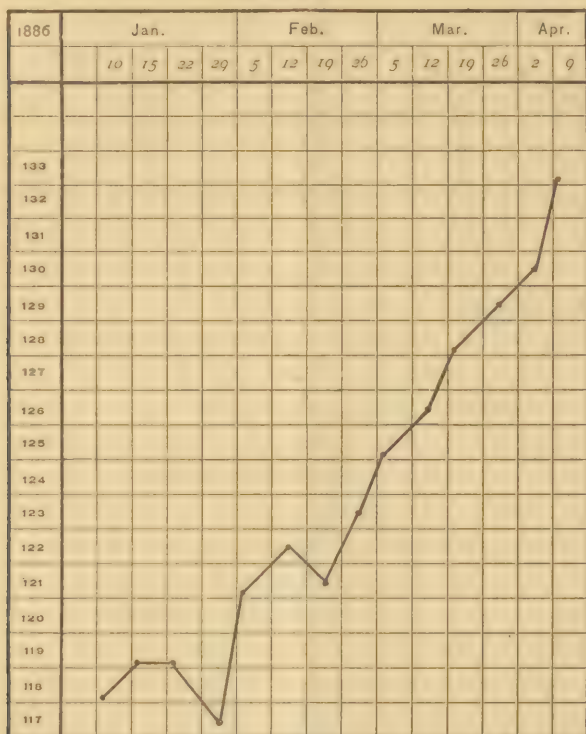


moist râles over the left upper lobe; the sputum contained large numbers of bacilli. Under symptomatic treatment improvement was rapid, steady, and marked. Cough and expectoration diminished, the râles became scanty and dry, and January 12, 1886, she was discharged, weighing 135 pounds, a gain of 16 pounds in less than ten weeks. I have not been able to get track of her since.

CASE III.—M. F., æt. twenty years, a nursery maid, was admitted January 5, 1886. Her family history was good. About a year previous to entrance she took cold and has had cough and expectoration ever since with the exception of two short intervals. No hæmoptysis. Amenorrhœa for four months. Her normal weight was 125, present weight 93½ pounds. The disease had involved the right upper lobe, which contained a good sized cavity. The sputum contained large numbers of bacilli. Under treatment improvement was marked and progressive. The moist sounds gave place to dry and March 5th she was discharged, having gained 10 pounds in weight in two months.

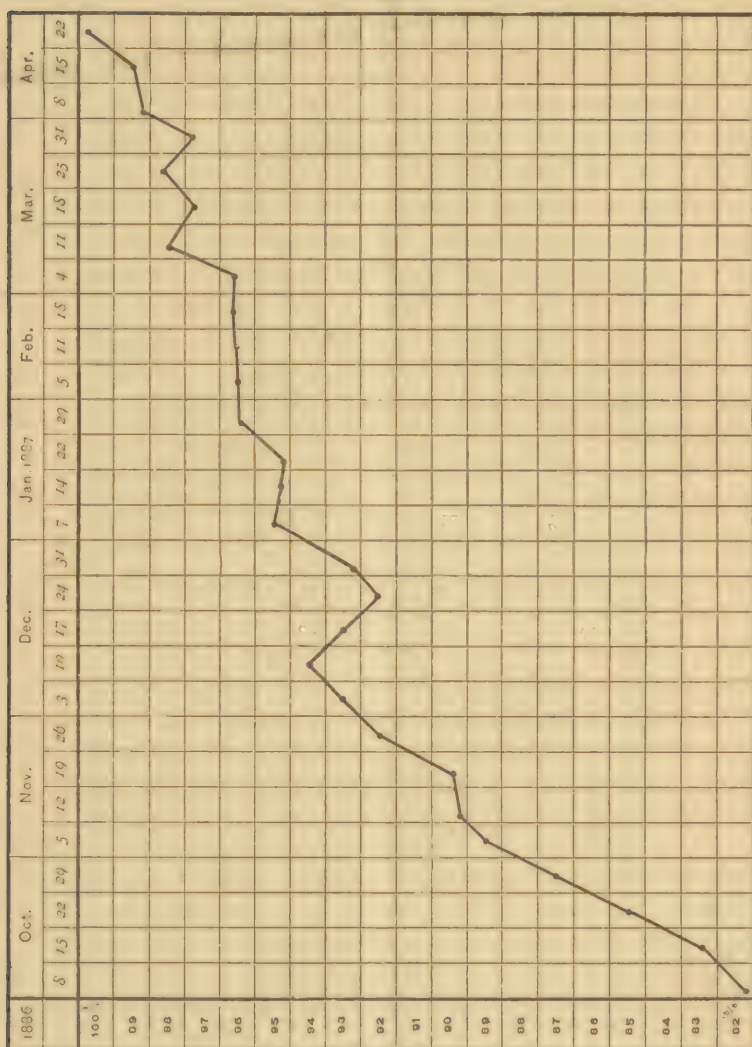
In January, 1887, I learned that she had given birth to her child and was at home caring for her family as usual.

CASE IV.



CASE V.—Mrs. M., æt. twenty-eight years, was admitted October 7, 1886. Her family history was negative, she was the mother of six children, the youngest eight weeks old. Had had cough and expectoration since March, 1885, with loss of flesh and strength; no hæmoptysis. The physical signs showed consolidation of the upper part of the right lung with infiltration of the lower, and extensive bronchitis of the right side. There were a few doubtful signs at the left apex. The sputum contained small numbers of bacilli. The bronchitis of the right side gradually cleared up in a great measure, but the whole lung was more or less involved in the tubercular process. Improvement in strength was slow but steady, and she gained 18½ pounds in weight during the six months of her stay in the hospital. At the time of her discharge, April 16th, the sounds over the right lung were dry, and suspicions were entertained that a cavity had formed at the right top.

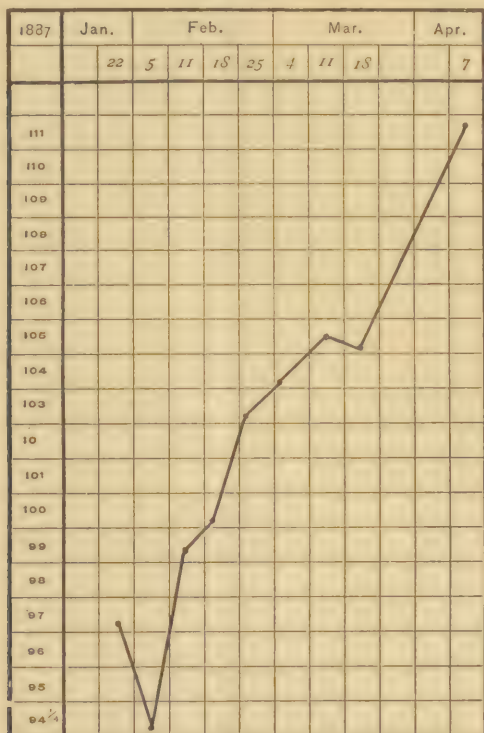
CASE V.



CASE VI.—M., æt. thirty-two years, was admitted September 17, 1886. Her family history was good. At the age of twenty she began to suffer from severe pain in the back; entered the Samaritan four years later and was treated in the surgical ward for angular curvature. Two years and a half ago she began to have a cough which has continued. No hæmoptysis. Loss of flesh and strength, especially of late. Physical examination showed

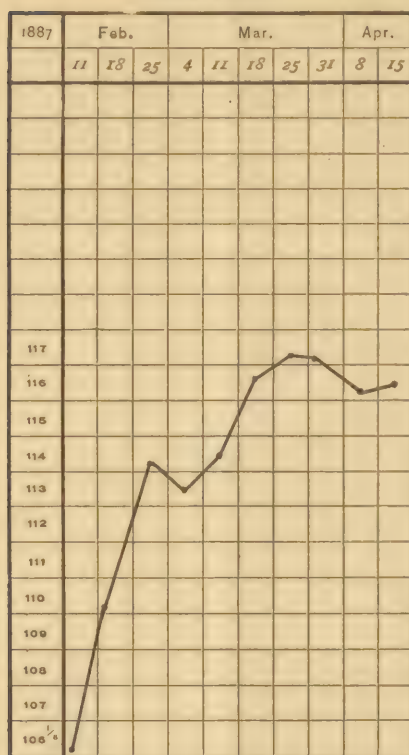
in weight, while the physical signs showed further advance. She was however, stronger and felt better.

CASE VII.



CASE VIII.—D., æt. thirty-five years, married, a laundress at the Massachusetts General Hospital, was admitted to the Samaritan, February 7, 1887. In July, 1886, she began to suffer from pain in the back, not felt while lying down but excited by movement and standing. This was the first symptom of an angular curvature in the upper dorsal region, which, with slight pressure symptoms, was sufficiently marked on entrance to the Samaritan. There was also dulness with moist râles, especially after cough, over the upper portion of the right lung. The absence of expectoration precluded an examination of the sputum. The weight on entrance was 106½ pounds, is now 117 pounds.

CASE VIII.



Alcoholic stimulants were not administered to a single one of these patients except here and there for a few days at a time in the form of a compound tincture of cinchona or gentian, a drachm before meals. Within the past few years I have been steadily cutting down the amount of alcohol which I prescribe in chronic cases and have seen no reason to regret the course. In chronic, and especially perhaps in hospital cases, there is a real danger of the establishment of bad habits as regards this agent, which, I am convinced, moreover, entirely apart from moral considerations, is not a necessary part of the treatment of phthisis. There are cases in which it is required, sometimes for a longer, sometimes for a shorter time, but my experience has satisfied me that it is often used without sufficient discrimination in this class of diseases. Beef, milk, eggs, and other nourishing foods are more

expensive; but if they can be secured and assimilated in sufficient quantities it is my belief that it is wiser to let alcohol alone, or use it in limited quantities and at stated times like any other drug. In the year 1883 the average amount per patient expended during the year for alcoholies, including beer, was \$2.70; in 1886, \$0.34. The patients received no injury even if they derived no advantage from this reduction.

